

EU clamps down on reimportation of cheap drugs meant for Africa

Rory Watson *Brussels*

The European Union is taking measures to prevent low cost drugs intended for patients in some of the world's poorest countries from being diverted and resold for huge profits in the West.

By clamping down on the illegal trade in reimported drugs that undercuts standard European prices, the EU is hoping to encourage pharmaceutical companies to expand the trend of making medicines available at special rates to the developing world.

The initiative comes amid growing evidence that cut price drugs are being diverted onto the European market. Recent investigations by Belgian customs authorities uncovered large quantities of GlaxoSmithKline

products—notably Combivir (zidovudine) Epivir (lamivudine), and Trizivir (abacavir)—destined for Africa being sold in the European Union (12 October, p 794).

Under the scheme, which covers both patented and generic products, companies will register with the European Commission the drugs they intend to sell at lower, tiered prices. These would then be stamped with a highly visible special logo—a light blue capital E surrounded by 15 gold stars—to



alert customs that they should be banned from re-entering the union.

To qualify for the register, the commission has, for the first time, proposed a definition of low cost, tiered pricing. The drugs must be sold at either the cost of production plus 10% or at a price reflecting 80% off the average "ex factory" price in member states in the Organisation for Economic Cooperation and Development.

Initially, the scheme will only cover medicines for the prevention, the diagnosis, and the treatment of HIV/AIDS, tuberculosis, and malaria and will apply to 49 least developed and 23 other low income countries, mainly in Africa and Asia.

Announcing the plan, Pascal Lamy, the EU trade commissioner, said: "The EU wants to

set an example with a practical means of helping poorer countries struggling with public health crises. Vaccines and contraceptives have long been available at affordable prices—now developed countries need to make an effort with other medicines."

He added that the initiative was a concrete example of the trade liberalisation commitment made during last year's negotiations in Doha, Qatar, and was just one element of a broader poverty reduction and health programme for the developing world.

The commission is confident that the governments in EU states will approve the plan before the end of the year, and it is hoping that other major pharmaceutical producing countries, notably the United States, will follow its example. However, it also acknowledges that to a large extent the success of the scheme will depend on the vigilance of customs authorities. □

BMA steps up call for ban on smoking in public places

Anne Gulland *London*

The BMA has stepped up its call for a ban on smoking in public places after finding that passive smoking kills 1000 people a year.

The association has also called on the government to tax all tobacco company profits to fund public awareness campaigns on the risks of passive smoking and the development of smoke-free public places.

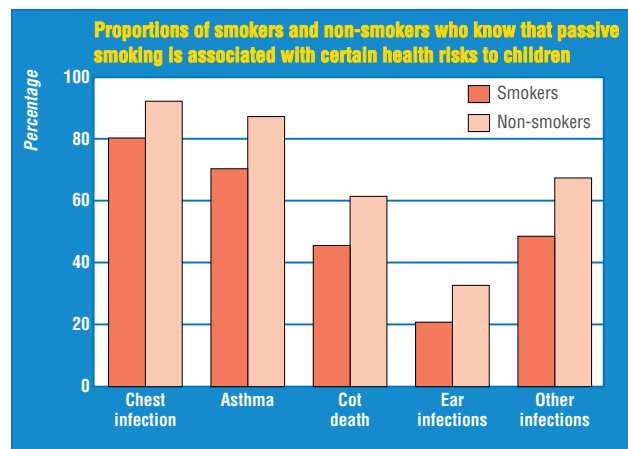
The government's 1998 white paper on tobacco, *Smoking Kills*, acknowledged the risks of passive smoking but stopped short of a ban on smoking in public places. That report esti-

mated that hundreds of people every year died from lung cancer associated with passive smoking.

The latest report, just published by the BMA's Board of Science and Education and the Tobacco Control Resource Centre (a European advisory body for doctors that is part funded by the European Commission and the World Health Organization), calculates, however, that millions of people in the United Kingdom are exposed to second-hand smoke. These include the 2.1 million people in the United Kingdom with angina, the 1.3 million with heart disease, and the 300 000 who have had a stroke; hundreds of these people every year die from the effects of passive smoking.

The report warns that non-smokers are at risk both at home and at work: some 14 million non-smokers live with a smoker, and around three million workers are regularly exposed to second-hand smoke.

Staff working in bars or restaurants have the highest exposure to tobacco smoke. A



review of exposure by non-smoking staff found that these workers are exposed to levels of tobacco smoke at work that are higher than those found in non-smokers who live with a smoker.

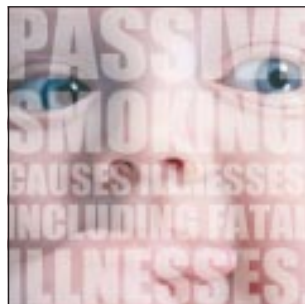
The report also found that less than half of workers in the United Kingdom are employed in workplaces that are completely smoke-free. Two fifths work in places that have designated smoking areas while 11% work in places with no smoking restrictions.

Restrictions on smoking in public places can also encourage smokers to quit or at least cut down their nicotine intake, the report says. And it says the introduction of smoke-free public

places and workplaces should be "coupled to support for smokers who wish to quit, through workplace-based and national campaigns."

Dr Vivienne Nathanson, the BMA's head of science and ethics, said: "In line with the 'polluter pays' principle, it's time the tobacco companies picked up the tab for the harm their products are doing. The government could make a start on this by taxing them to pay for public health campaigns on the risks of passive smoking." □

A summary of *Towards Smoke-Free Public Places* is available on www.bma.org.uk



Poster warning of risks from passive smoking